| | □Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5 | | | | | | | | | | | | | | | |
|---|---|----------------|---|--------------------------------------|-------------------------|---|---|-----------|---------------------------------|---|---------------------------|----------|-----------|-----------|-------|---------------|
| | c | | | | | Critical Violations | | | | | | 0 | Date | 1/10/20 | | |
| AS Additional by 22 minor of 2400 | | | | | Non-Critical Violations | | | | | | 0 | Time I | - | 10:30 | | |
| <u> </u> | | | | | Certif | _ | | Prote | ection Mar | nager | 1 | Υ | Time (| | 12:00 | РМ |
| License Expiry Date/EST. ID# Address | | | | | | City Zip Code | | | | Telepi | | | | | | |
| 11/27/2019 / 18141 12 MOLLISON WAY | | | | | | LEWISTON 04240-5806 | | | | 783-03 | | | | | | |
| | | е Туре | | Owner Name | | | | | | | sk Cate | gory | | | | |
| M | JN | - EATING | - | ITALIAN EXPRESS INC | | 1 - | Special Investigation Yes | | | | | | | | | |
| | FOODBORNE ILLNESS RISK FAC | | | | | | | | AND PUBLIC HEALTH INTERVENTIONS | | | | | | | |
| | Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or R | | | | | | | | | | | | | | | |
| | IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | | | | |
| | mnl | iance Statu | • | | cos | В | Т | Con | npliance St | tatus | | | | | Ic | os R |
| - | шрі | iance Statu | | upervision | | Potentially Hazardous Food Time/Temperature | | | | | | | | 991 | | |
| 1 | | IN | PIC present, demonstra | ates knowledge, and | | П | 16 IN Proper cooking time & temperatures | | | | | | | | | |
| - | | | performs duties | loyee Health | _ | Ц | 17 | | IN | Proper reheati | <u> </u> | | | ling | | _ |
| 2 | | IN | Management awarenes | - | T | Н | 18 | | IN | Proper cooling | | | es | | | _ |
| 3 | | IN | | g, restriction & exclusion | | 口 | 19 20 | | IN IN | Proper hot holding temperatures Proper cold holding temperatures | | | | | | + |
| | | | | jienic Practices | | | 21 | | IN | Proper date ma | | | | | - | + |
| <u>4</u> 5 | | IN IN | Proper eating, tasting, No discharge from eyes | drinking, or tobacco use | - | Н | 22 | | IN | | | | | es & re | cord | + |
| Ť | | IIV | | mination by Hands | | | 22 IN Time as a public health control: procedures & record Consumer Advisory | | | | | | | 00.4 | _ | |
| 6 | | IN | Hands clean & properly | | \top | П | П | | | Consumer advi | | d for ra | aw or | | | \top |
| | | | | vith RTE foods or approved | | П | undercooked foods | | | | | | | | | |
| 7 | | IN | alternate method prope | • • | | Ш | | | | Highly Susce | ptible Popula | tions | | | | |
| 8 | | IN | Adequate handwashing | g facilities supplied & accessible | | П | 24 | | IN | Pasteurized for | ods used; pro | hibited | d foods | not | | |
| | | | Approv | red Source | | | | offered | | | | | | | _ | |
| 9 | | IN | Food obtained from app | proved source | | Ш | 25 | | IN | | Chemical | | ml | <u>.</u> | Т | |
| 10 | | IN | Food received at prope | er temperature | | Ш | 26 | | | | l additives: approved & p | | | | | + |
| 11 | | IN | | ood condition, safe, & unadulterated | | | | | rea & us | sea | _ | | | | | |
| 12 | | IN | Required records available | able: shellstock tags | | | Н | | • | 1 | | | | | Т | $\overline{}$ |
| | | | parasite destruction | 0.1 | | Ц | 27 | | IN | Compliance wi | ın variance, s | peciai | izea pr | ocess, | | |
| 13 | | IN | Food separated & prote | rom Contamination | _ | Н | 무 | | | <u>'</u> | | | | | | ┯— |
| 14 | · · | | | + | Н | | | k Factors | are improper prac | • | | | | | | |
| 15 IN Proper disposition of returned, previously served, Interventions are control measures to preventions. | | | | | | | | | | | | | | | | |
| ' | | II N | reconditioned, & unsafe | e food | | | L | inte | erventions a | re control measure | s to prevent it | оовогг | ie ilines | s or inju | лгу. | |
| | | | | GOOD I | RETA | AIL F | PRA | СТІ | ICES | | | | | | | |
| | | | Good Retail Practices are | preventative measures to control the | additio | on of | patho | gen | s, chemical | s, and physical obje | cts into foods. | | | | | |
| Ма | rk ") | (" in box if n | umbered item is not in com | pliance Mark "X" in appropriate | box f | or CC | OS an | d/or | R CC | S=corrected on-site | e during inspec | tion | R=rep | eat viola | ation | |
| | | | | | cos | R | | | | | | | | | С | os R |
| | | | Safe Food and | Water | | | Proper Use of Utensils | | | | | | | | | |
| 28 | IN | Pasteurize | d eggs used where requ | ired | \top | П | 41 | IN | In-use ute | ensils: properly sto | ored | | | | T | Т |
| 29 | IN | Water & ic | e from approved source | | | | 42 | IN | | equipment, & line | | tored, | dried, | & hand | led | |
| 30 | IN | Variance o | btained for specialized p | processing methods | | | 43 | IN | Single-us | e & single-service | articles: pro | perly s | tored 8 | & used | | |
| | | | Food Temperature C | Control | | | 44 | IN | Gloves us | ed properly | | | | | | |
| 31 | IN | • | oling methods used; ade | quate equipment for | | | | | | Utensils, Equip | ment and Ven | ding | | | | |
| | | temperatu | re control | | \perp | Ш | 45 | IN | | on-food contact su | | able. | | | T | |
| 32 | - | | properly cooked for hot | holding | \perp | Ш | _ | Ш | | designed, constru | | | | | | \bot |
| 33 | IN | | thawing methods used | | | Ш | 46 | - | | hing facilities: inst | | ined, 8 | & used; | test str | rips | |
| 34 | IN | Thermome | ters provided and accur | | | Ц | 47 | IN | Non-food | contact surfaces | | | | | | |
| Food Identification Physical Facilities | | | | | | | | | | — | | | | | | |
| 35 | IN | rood prop | erly labeled; original con | | | Щ | 48 | - | | d water available; | | | | | | + |
| 00 | ısı İ | | Prevention of Food Cont | | | | 49 | - | | installed; proper | | | | | | + |
| 36 IN Insects, rodents, & animals not present | | | | + | Н | 50 N Sewage & waste water properly disposed | | | | | + | | | | | |
| 37 N Contamination prevented during food preparation, storage & display | | | | | + | Н | 51 N Toilet facilities: properly constructed, supplied, & cleaned 52 N Garbage & refuse properly disposed; facilities maintained | | | | | + | | | | |
| - | 38 IN Personal cleanliness 39 IN Wiping cloths: properly used & stored | | | | | | 52 53 | IN IN | | | | | | iiiea | -+ | + |
| - | 40 IN Washing fruits & vegetables | | | | | | 54 | - | | facilities installed, ventilation & ligh | | | | nd . | + | + |
| " " | II N | vvasiiiliy Ti | | Ela- CI | | | | | Auequate | venulauon & ngn | ung, designat | eu are | as use | u | | |
| Per | <u>so</u> n | in Charge (| Signature) | For Stever | R, | 79 | yea | R | | | Date: | 7/16/2 | 019 | | | |
| | | nspector (S | ignature) | 4 1 | | | | | | | | | | | | |
| | | LACHANCE | | Mouis a h | | | i | | Follov | v-up: YES | √ NO Da | ate of F | -ollow- | up: | | |
| Ь | | | | | | | | | | | | | | | | |

| | eport | Page 2 of 5 | | | | | | |
|---|----------------------------|-------------------------------|---------------------------|--|--|--|--|--|
| Establishment Name MARCOS | | As Authorized by 22 MR | Date7/16/2019 | | | | | |
| License Expiry Date/EST. ID# 11/27/2019 / 18141 | Address 12 MOLLISON WAY | City / State LEWISTON / ME | Telephone 207-783-0336 | | | | | |
| Temperature Observations | | | | | | | | |
| Location | Temperature | Notes | | | | | | |

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 7/16/2019

| | State of Maine H | eaith mapecite | ni itepo | 1.0 | | .go 0 0. 0 | |
|---|----------------------------|--------------------------|----------|------------------------|--------------|------------|--|
| Establishment Name | | | | | Dat <u>e</u> | 7/16/2019 | |
| MARCOS | | | | | | | |
| License Expiry Date/EST. ID# 11/27/2019 / 18141 | Address 12 MOLLISON WAY | City / State LEWISTON | ME | Zip Code 04240-5806 | | | |

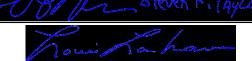
State of Maine Health Inspection Report

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 7/16/2019

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State of Maine Health Inspection Report Page 4 of 5 7/16/2019 Date **Establishment Name MARCOS** License Expiry Date/EST. ID# **Address** Zip Code City / State 11/27/2019 /18141 12 MOLLISON WAY LEWISTON ME 04240-5806

Inspection Notes

**Joint inspection conducted with Laurie Davis, State HIP, and Steve Taylor, part owner of Marcos.

Live cockroaches found, documented with pictures, dead carcasses found as well. The cokroaches found were in different stages of growth. The concentration was in the range area. Areas hard to reach still had old food and pooled water creating a perfect atmosphere for pests. The dining room and bar area seem to be absent of bugs.

The owner and Pest Control company need to explore drop ceiling in kitchen and provide specific findings with City health inspector.

All open foods, unprotected single service items such as gloves, deli tissue and to go style containers need to be discarded.

Per State protocol, no live or dead cockroaches can be found upon inspection.

Certified Food Protection Manager:

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Person in Charge (Signature)

Health Inspector (Signature)

LOUIS LACHANCE

Date: 7/16/2019

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| State of Maine Health Inspection Report | | | | | | |
|--|----------------------------|--------------------------|----|------------------------|------|-----------|
| Establishment Name | | | | | Date | 7/16/2019 |
| MARCOS | | | | | | |
| License Expiry Date/EST. ID# 11/27/2019 / 18141 | Address 12 MOLLISON WAY | City / State LEWISTON | ME | Zip Code 04240-5806 | | |

Inspection Notes

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE



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Date: 7/16/2019